## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2005 08:00 AM **Secretary of State DOCUMENT # \$91746** 1. Entity Name GROUP ONE PRODUCTIONS, INC. Mailing Address Principal Place of Business 2555 TEMPLE TRAIL 2555 TEMPLE TRAIL WINTER PARK, FL 32789 WINTER PARK, FL 32789 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3093581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAUNDERS, BURT L DO NOT WRITE 1780 4TH STREET SOUTH NAPLES, FL 33940 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000184030 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/20/05-80017-004 150.00 10. OFFICERS AND DIRECTORS TITLE FUGLEBURG, LYLE P NAME 2555 TEMPLE TRAIL STREET ACCRESS C(TY-ST-ZIP WINTER PARK, FL 32789 TITLE KOCH, ROBERT A. NAME 2555 TEMPLE TRAIL STREET ADDRESS CMY-ST-ZIP WINTER PARK, FL 32789 TITLE PAUZAR, FREDERICK W. NAME STREET ADDRESS 2555 TEMPLE TRAIL DO NOT WRITE CITY-ST-ZIP WINTER PARK, FL 32789 IN THIS SPACE TITLE SAUNDERS, BURT L. NAME STREET ADDRESS 2555 TEMPLE TRAIL CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact

TITLE NAME STREET ADDRESS CITY-ST-7iP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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